



United States Environmental Protection Agency
Washington, D.C. 20460

Water Compliance Inspection Report

Form Approved.
OMB No. 2040-0057
Approval expires 8-31-98

Section A: National Data System Coding (i.e., PCS)

Transaction Code	NPDES	yr/mo/day	Inspection Type	Inspector	Fac Type
1 <u>W</u> 2 <u>5</u> 3 <u>M0101081162</u> 11		12 <u>07109110</u> 17	18 <u>S</u>	19 <u>R</u>	20 <u>11</u>
Remarks					
21					
66					
Inspection Work Days	Facility Self-Monitoring Evaluation Rating	B1	QA	Reserved	
67 <u> </u> 69	70 <u> </u>	71 <u>W</u>	72 <u>W</u>	73 <u> </u> 74	75 <u> </u> 80

Section B: Facility Data

Name and Location of Facility Inspected (For industrial users discharging to POTW, also include POTW name and NPDES permit number)	Entry Time/Date	Permit Effective Date
ROCKAWAY BEACH WASTE WATER TREATMENT FACILITY 1000 BOYS CAMP ROAD ROCKAWAY BEACH, MD	09/10/07 11:00am	AUG 30, 2006
	Exit Time/Date	Permit Expiration Date
	09/13/07 3:00p.m.	AUG 29, 2011
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s)	Other Facility Data	
LARRY CLINE, MAYOR SUERIGGS, ALDERLADY EDWIN (BUCK) GODLEY, OPERATOR (410) 561-2904 LAND (410) 593-1546 CELL	MDNR PERSONNEL GREG PERKINS, ENVIRON ENGR EARNEST (E.C.) WEST WATER SPECIALIST JOSHUA L GROSVENOR, ENVIRON ENGR	
Name, Address of Responsible Official/Title/Phone and Fax Number	Contacted	
EDWIN K. GODLEY, PLANT OPERATOR (410) 561-2904	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Section C: Areas Evaluated During Inspection (Check only those areas evaluated)

<input checked="" type="checkbox"/> Permit	<input checked="" type="checkbox"/> Flow Measurement	<input checked="" type="checkbox"/> Operations & Maintenance	<input type="checkbox"/> CSO/SSO (Sewer Overflow)
<input checked="" type="checkbox"/> Records/Reports	<input checked="" type="checkbox"/> Self-Monitoring Program	<input checked="" type="checkbox"/> Sludge Handling/Disposal	<input type="checkbox"/> Pollution Prevention
<input checked="" type="checkbox"/> Facility Site Review	<input type="checkbox"/> Compliance Schedules	<input type="checkbox"/> Pretreatment	<input type="checkbox"/> Multimedia
<input checked="" type="checkbox"/> Effluent/Receiving Waters	<input checked="" type="checkbox"/> Laboratory	<input type="checkbox"/> Storm Water	<input type="checkbox"/> Other:

Section D: Summary of Findings/Comments (Attach additional sheets of narrative and checklists as necessary)

Name(s) and Signature(s) of Inspector(s)	Agency/Office/Phone and Fax Numbers	Date
11/5/2007	USEPA REGION 7 (613) 551-7132	11/5/2007
JOSEPH E. JOSLIN JR.		
Signature of Management Q A Reviewer	Agency/Office/Phone and Fax Numbers	Date

Sections F thru L: Complete on all inspections, as appropriate. N/A = Not Applicable

PERMIT NO.

MO-0108162

SECTION F - Facility and Permit Background

ADDRESS OF PERMITTEE IF DIFFERENT FROM FACILITY
(Including City, County and ZIP code)

DATE OF LAST PREVIOUS INVESTIGATION BY EPA/STATE

FINDINGS

SECTION G - Records and Reports

RECORDS AND REPORTS MAINTAINED AS REQUIRED BY PERMIT.

☐ YES☒ NO☐ N/A (Further explanation attached _____)

DETAILS:

(a) ADEQUATE RECORDS MAINTAINED OF:

(i) SAMPLING DATE, TIME, EXACT LOCATION

☐ YES☒ NO☐ N/A

(ii) ANALYSES DATES, TIMES

☐ YES☒ NO☐ N/A

(iii) INDIVIDUAL PERFORMING ANALYSIS

☐ YES☒ NO☐ N/A

(iv) ANALYTICAL METHODS/TECHNIQUES USED

☐ YES☒ NO☐ N/A

(v) ANALYTICAL RESULTS (e.g., consistent with self-monitoring report data)

☐ YES☒ NO☐ N/A

(b) MONITORING RECORDS (e.g., flow, pH, D.O., etc.) MAINTAINED FOR A MINIMUM OF THREE YEARS INCLUDING ALL ORIGINAL STRIP CHART RECORDINGS (e.g. continuous monitoring instrumentation, calibration and maintenance records).

☐ YES☒ NO☐ N/A

(c) LAB EQUIPMENT CALIBRATION AND MAINTENANCE RECORDS KEPT.

☐ YES☒ NO☐ N/A

(d) FACILITY OPERATING RECORDS KEPT INCLUDING OPERATING LOGS FOR EACH TREATMENT UNIT.

☐ YES☒ NO☐ N/A

(e) QUALITY ASSURANCE RECORDS KEPT.

☐ YES☒ NO☐ N/A

(f) RECORDS MAINTAINED OF MAJOR CONTRIBUTING INDUSTRIES (and their compliance status) USING PUBLICLY OWNED TREATMENT WORKS.

☐ YES☐ NO☒ N/A

SECTION H - Permit Verification

INSPECTION OBSERVATIONS VERIFY THE PERMIT.

☒ YES☐ NO☐ N/A (Further explanation attached _____)

DETAILS:

(a) CORRECT NAME AND MAILING ADDRESS OF PERMITTEE.

☒ YES☐ NO☐ N/A

(b) FACILITY IS AS DESCRIBED IN PERMIT.

☒ YES☐ NO☐ N/A

(c) PRINCIPAL PRODUCT(S) AND PRODUCTION RATES CONFORM WITH THOSE SET FORTH IN PERMIT APPLICATION.

☐ YES☐ NO☒ N/A

(d) TREATMENT PROCESSES ARE AS DESCRIBED IN PERMIT APPLICATION.

☒ YES☐ NO☐ N/A

(e) NOTIFICATION GIVEN TO EPA/STATE OF NEW, DIFFERENT OR INCREASED DISCHARGES.

☒ YES☐ NO☐ N/A

(f) ACCURATE RECORDS OF RAW WATER VOLUME MAINTAINED.

☐ YES☒ NO☐ N/A

(g) NUMBER AND LOCATION OF DISCHARGE POINTS ARE AS DESCRIBED IN PERMIT.

☒ YES☐ NO☐ N/A

(h) CORRECT NAME AND LOCATION OF RECEIVING WATERS.

☒ YES☐ NO☐ N/A

(i) ALL DISCHARGES ARE PERMITTED.

☒ YES☐ NO☐ N/A

SECTION I - Operation and Maintenance

TREATMENT FACILITY PROPERLY OPERATED AND MAINTAINED.

☐ YES☐ NO☐ N/A (Further explanation attached _____)

DETAILS:

(a) STANDBY POWER OR OTHER EQUIVALENT PROVISIONS PROVIDED.

☐ YES☒ NO☐ N/A

(b) ADEQUATE ALARM SYSTEM FOR POWER OR EQUIPMENT FAILURES AVAILABLE.

☐ YES☒ NO☐ N/A

(c) REPORTS ON ALTERNATE SOURCE OF POWER SENT TO EPA/STATE AS REQUIRED BY PERMIT.

☐ YES☐ NO☒ N/A

(d) SLUDGES AND SOLIDS ADEQUATELY DISPOSED.

☐ YES☒ NO☐ N/A(e) ALL TREATMENT UNITS IN SERVICE. SECOND AERATION BASIN & CLARIFIER STATUS?☐ YES☒ NO☐ N/A

(f) CONSULTING ENGINEER RETAINED OR AVAILABLE FOR CONSULTATION ON OPERATION AND MAINTENANCE PROBLEMS.

☒ YES☐ NO☐ N/A

(g) QUALIFIED OPERATING STAFF PROVIDED.

☐ YES☒ NO☐ N/A

(h) ESTABLISHED PROCEDURES AVAILABLE FOR TRAINING NEW OPERATORS.

☐ YES☒ NO☐ N/A

(i) FILES MAINTAINED ON SPARE PARTS INVENTORY, MAJOR EQUIPMENT SPECIFICATIONS, AND PARTS AND EQUIPMENT SUPPLIERS.

☐ YES☒ NO☐ N/A

(j) INSTRUCTIONS FILES KEPT FOR OPERATION AND MAINTENANCE OF EACH ITEM OF MAJOR EQUIPMENT.

☒ YES☐ NO☐ N/A

(k) OPERATION AND MAINTENANCE MANUAL MAINTAINED.

☒ YES☐ NO☐ N/A

(l) SPCC PLAN AVAILABLE.

☐ YES☐ NO☒ N/A

(m) REGULATORY AGENCY NOTIFIED OF BY-PASSING. (Dates _____)

☐ YES☐ NO☒ N/A

(n) ANY BY-PASSING SINCE LAST INSPECTION.

☐ YES☒ NO☐ N/A

(o) ANY HYDRAULIC AND/OR ORGANIC OVERLOADS EXPERIENCED.

☐ YES☒ NO☐ N/A

PERMIT NO.

MO-0108162

SECTION J - Compliance Schedules

PERMITTEE IS MEETING COMPLIANCE SCHEDULE. ☐ YES ☐ NO ☒ N/A (Further explanation attached _____)

CHECK APPROPRIATE PHASE(S):

- ☐ (a) THE PERMITTEE HAS OBTAINED THE NECESSARY APPROVALS FROM THE APPROPRIATE AUTHORITIES TO BEGIN CONSTRUCTION.
- ☐ (b) PROPER ARRANGEMENT HAS BEEN MADE FOR FINANCING (mortgage commitments, grants, etc.).
- ☐ (c) CONTRACTS FOR ENGINEERING SERVICES HAVE BEEN EXECUTED.
- ☐ (d) DESIGN PLANS AND SPECIFICATIONS HAVE BEEN COMPLETED.
- ☐ (e) CONSTRUCTION HAS COMMENCED.
- ☐ (f) CONSTRUCTION AND/OR EQUIPMENT ACQUISITION IS ON SCHEDULE.
- ☐ (g) CONSTRUCTION HAS BEEN COMPLETED.
- ☐ (h) START-UP HAS COMMENCED.
- ☐ (i) THE PERMITTEE HAS REQUESTED AN EXTENSION OF TIME.

SECTION K - Self-Monitoring Program

Part 1 - Flow measurement (Further explanation attached _____)

PERMITTEE FLOW MEASUREMENT MEETS THE REQUIREMENTS AND INTENT OF THE PERMIT. ☐ YES ☒ NO ☐ N/A
DETAILS:

- (a) PRIMARY MEASURING DEVICE PROPERLY INSTALLED. ULTRASONIC HEAD DETECTOR ☒ YES ☐ NO ☐ N/A
TYPE OF DEVICE: ☐ WEIR ☒ PARSHALL FLUME ☐ MAGMETER ☐ VENTURI METER ☐ OTHER (Specify: _____)
- (b) CALIBRATION FREQUENCY ADEQUATE. (Date of last calibration _____) ☐ YES ☒ NO ☐ N/A
- (c) PRIMARY FLOW MEASURING DEVICE PROPERLY OPERATED AND MAINTAINED. INFLUENT ☐ YES ☒ NO ☐ N/A
- (d) SECONDARY INSTRUMENTS (totalizers, recorders, etc.) PROPERLY OPERATED AND MAINTAINED. ☒ YES ☐ NO ☐ N/A
- (e) FLOW MEASUREMENT EQUIPMENT ADEQUATE TO HANDLE EXPECTED RANGES OF FLOW RATES. ☒ YES ☐ NO ☐ N/A

Part 2 - Sampling (Further explanation attached _____)

PERMITTEE SAMPLING MEETS THE REQUIREMENTS AND INTENT OF THE PERMIT. ☐ YES ☐ NO ☐ N/A
DETAILS:

- (a) LOCATIONS ADEQUATE FOR REPRESENTATIVE SAMPLES. UNKNOWN ☐ YES ☐ NO ☐ N/A
- (b) PARAMETERS AND SAMPLING FREQUENCY AGREE WITH PERMIT. ☐ YES ☒ NO ☐ N/A
- (c) PERMITTEE IS USING METHOD OF SAMPLE COLLECTION REQUIRED BY PERMIT. ☐ YES ☒ NO ☐ N/A
IF NO, ☒ GRAB ☐ MANUAL COMPOSITE ☐ AUTOMATIC COMPOSITE FREQUENCY _____
- (d) SAMPLE COLLECTION PROCEDURES ARE ADEQUATE. ☐ YES ☒ NO ☐ N/A
- (i) SAMPLES REFRIGERATED DURING COMPOSITING ☐ YES ☒ NO ☐ N/A
- (ii) PROPER PRESERVATION TECHNIQUES USED UNKNOWN ☐ YES ☐ NO ☐ N/A
- (iii) FLOW PROPORTIONED SAMPLES OBTAINED WHERE REQUIRED BY PERMIT UNKNOWN ☐ YES ☐ NO ☐ N/A
- (iv) SAMPLE HOLDING TIMES PRIOR TO ANALYSES IN CONFORMANCE WITH 40 CFR 136.3 UNKNOWN ☐ YES ☐ NO ☐ N/A
- (e) MONITORING AND ANALYSES BEING PERFORMED MORE FREQUENTLY THAN REQUIRED BY PERMIT. ☐ YES ☒ NO ☐ N/A
- (f) IF (e) IS YES, RESULTS ARE REPORTED IN PERMITTEE'S SELF-MONITORING REPORT. ☐ YES ☐ NO ☐ N/A

Part 3 - Laboratory (Further explanation attached _____)

PERMITTEE LABORATORY PROCEDURES MEET THE REQUIREMENTS AND INTENT OF THE PERMIT. ☐ YES ☐ NO ☐ N/A
DETAILS:

- (a) EPA APPROVED ANALYTICAL TESTING PROCEDURES USED. (40 CFR 136.3) ☐ YES ☒ NO ☐ N/A
- (b) IF ALTERNATE ANALYTICAL PROCEDURES ARE USED, PROPER APPROVAL HAS BEEN OBTAINED. ☐ YES ☐ NO ☒ N/A
- (c) PARAMETERS OTHER THAN THOSE REQUIRED BY THE PERMIT ARE ANALYZED. ☐ YES ☒ NO ☐ N/A
- (d) SATISFACTORY CALIBRATION AND MAINTENANCE OF INSTRUMENTS AND EQUIPMENT. ☐ YES ☒ NO ☐ N/A
- (e) QUALITY CONTROL PROCEDURES USED. ☐ YES ☒ NO ☐ N/A
- (f) DUPLICATE SAMPLES ARE ANALYZED. _____ % OF TIME. ☐ YES ☒ NO ☐ N/A
- (g) SPIKED SAMPLES ARE USED. _____ % OF TIME. ☐ YES ☒ NO ☐ N/A
- (h) COMMERCIAL LABORATORY USED. FOR SLUDGE ANALYSIS ☒ YES ☐ NO ☐ N/A
- (i) COMMERCIAL LABORATORY STATE CERTIFIED. ☐ YES ☒ NO ☐ N/A

LAB NAME

CONSULTING ANALYTIC SERVICES INTERNATIONAL

LAB ADDRESS

SPRINGFIELD, MO.

						PERMIT NO.	
SECTION L - Effluent/Receiving Water Observations (Further explanation attached _____)							
OUTFALL NO.	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	VISIBLE FLOAT SOL	COLOR	OTHER
001	NO	NO	Low	YES - in UV CHANNEL	YES in UV CHANNEL		

(Sections M and N: Complete as appropriate for sampling inspections)

SECTION M - Sampling Inspection Procedures and Observations (Further explanation attached _____)

- ☒ GRAB SAMPLES OBTAINED
☒ COMPOSITE OBTAINED
☒ ~~FLOW~~ ^{TIME} PROPORTIONED SAMPLE
☒ AUTOMATIC SAMPLER USED
☐ SAMPLE SPLIT WITH PERMITTEE
☒ CHAIN OF CUSTODY EMPLOYED
☐ SAMPLE OBTAINED FROM FACILITY SAMPLING DEVICE

COMPOSITING FREQUENCY EQUAL ALIQUOTS EACH 1/2 HR PRESERVATION PER SOP.SAMPLE REFRIGERATED DURING COMPOSITING: ☒ YES ☐ NO

SAMPLE REPRESENTATIVE OF VOLUME AND NATURE OF DISCHARGE _____

SECTION N - Analytical Results (Attach report if necessary)

Attachment 4

**Notice of Potential
National Pollution Discharge Elimination System (NPDES)
PERMIT VIOLATIONS**

Permittee (facility) Name and Address:

ROCKAWAY BEACH WASTEWATER TREATMENT FACILITY
1000 BOYS CAMP ROAD
ROCKAWAY BEACH, MO 65740

NPDES Permit Number:

MO-0108162

During the Clean Water Act § 308 compliance inspection conducted on SEPTEMBER 11, 2007 the potential NPDES permit violations noted below were found. Additional violations may be brought to your attention following a complete review of the inspection report and other available information.

POTENTIAL NPDES PERMIT VIOLATIONS

FAILED TO REPORT BYPASSING AS REQUIRED BY STANDARD CONDITIONS TO THE NPDES PERMIT, PART I, SECTION B (5). FAILURE TO REPORT INCLUDES BYPASSING THE ULTRA VIOLET (UV) LIGHT DISINFECTION SYSTEM DUE TO PLUGGED FILTER MEDIA AND INCLUDES INTENTIONAL BYPASS OF THE ENTIRE FILTER SYSTEM BY DIRECTING CLARIFIER FLOW DIRECTLY TO THE UV CHANNEL.

FAILED TO MAINTAIN THE UV SYSTEM IN A FUNCTIONING MODE TO DELIVER ADEQUATE LIGHT INTENSITY TO THE WASTEWATER EFFLUENT FOR ADEQUATE EFFECTIVE REDUCTION OF FECAL COLIFORM.

FAILED TO MAINTAIN THE AIR BLOWER SYSTEM TO PROVIDE ADEQUATE AERATION (DISSOLVED OXYGEN) IN THE OXIDATION DITCH FOR EFFECTIVE TREATMENT. AT TIME OF INSPECTION MDNR MEASURED DO AT 0.4 mg/l - NEEDED FOR EFFECTIVE TREATMENT IS 1.5 mg/l.

THE PRESSURE RELIEF VALVE ON BLOWER #1 IS FROZEN IN A "CLOSED" POSITION WHICH FAILS TO PROTECT THE BLOWER FROM EXCESS PRESSURE BUILD-UP.

REQUESTED ACTION: Within ten (10) days, please describe in writing any actions taken, or planned, to correct the potential violations identified above. Your response will be considered in the determination of the need for further administrative or legal action. Mail your description of corrective actions to your inspector at:

ATTN: JOE JOSLIN
U.S. Environmental Protection Agency
ENSV/EMWC
901 North 5th Street
Kansas City, Kansas 66101-2907

Inspector's printed name:

JOSEPH E. JOSLIN JR.

Inspector's signature:

Joseph E. Joslin Jr.

Notice received by:
(name & title)

LARRY CLINE, MAYOR

Date:

SEPT 13, 2007

**Notice of Potential
National Pollution Discharge Elimination System (NPDES)
PERMIT VIOLATIONS**

Permittee (facility) Name and Address:

ROCKAWAY BEACH WASTEWATER TREATMENT FACILITY
1000 BOYS CAMP ROAD
ROCKAWAY BEACH, MO 65740

NPDES Permit Number:

MO-0108162

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POTENTIAL NPDES PERMIT VIOLATIONS

FAILED TO MAINTAIN AND CALIBRATE THE FLOW MEASURING EQUIPMENT. THE EFFLUENT FLOW METER READS A CONSTANT FLOW AND HEAD REGARDLESS OF THE ACTUAL FLOW. THE ROCKAWAY BEACH INFLUENT FLOW METER READS A NEGATIVE HEAD AT ZERO FLOW. THE MERIDIAN WOODS/ BULL CREEK VILLAGE HEAD SENSOR IS IMPROPERLY LOCATED FOR THE PARSHALL FLUME BEING USED.

FAILED TO MAINTAIN THE EAST AERATION TANK/CLARIFIER IN AN OPERABLE STAND BY CONDITION. THIS SYSTEM HAS NOT BEEN RUN IN MORE THAN THREE YEARS. PRESENT STATUS OF AVAILABILITY IS UNKNOWN.

- FAILED TO MAINTAIN THE RECORDS REQUIRED BY STANDARD CONDITIONS, PART I, SECTION A(5). NONE OF THE RECORDS REQUIRED BY THIS SECTION WERE BEING KEPT.

THE NPDES PERMIT REQUIRES COMPOSITE SAMPLES FOR BOD, TSS AND THE WET TEST. WHEN THESE SAMPLES ARE COLLECTED, ONLY A GRAB SAMPLE IS COLLECTED.

REQUESTED ACTION: Within ten (10) days, please describe in writing any actions taken, or planned, to correct the potential violations identified above. Your response will be considered in the determination of the need for further administrative or legal action. Mail your description of corrective actions to your inspector at:

U.S. Environmental Protection Agency
ENSV/EMWC
901 North 5th Street
Kansas City, Kansas 66101-2907

Inspector's printed name:

JOSEPH E. JOSLIN JR

Inspector's signature:

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(name & title)

LARRY CLINE, MAYOR

Date:

SEPT. 13, 2007

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1000 BOYS CAMP ROAD
ROCKAWAY BEACH, MO 65740

NPDES Permit Number:

MO-0108162

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POTENTIAL NPDES PERMIT VIOLATIONS

THE TEST PROCEDURE EQUIPMENT AND METHOD AVAILABLE TO DETERMINE AMMONIA AS N AND TOTAL PHOSPHORUS AS P FAIL TO MEET THE REQUIREMENTS GIVEN IN 40 CFR 136. BOTH TEST PROCEDURES REQUIRE DIGESTION AS AN INITIAL STEP WHICH IS NOT DONE

PROCESS CONTROL TESTS GIVEN AS REQUIRED AS STATED IN 10 CSR 20, CHAPTER 9 ARE INCORPORATED INTO THE NPDES PERMIT BY REFERENCE. THESE TESTS ARE NOT PERFORMED AT THE SPECIFIED FREQUENCY.

SPECIAL CONDITIONS IN THE NPDES PERMIT, PART C(2), REQUIRES THAT THE OUTFALL BE CLEARLY MARKED IN THE FIELD. THE PRESENT MARKING DOES NOT IDENTIFY CLEARLY THAT AN OUTFALL EXISTS AND THE NATURE OF THE OUTFALL.

SPECIAL CONDITION IN THE NPDES PERMIT, PART C(8), REQUIRES SEMI-ANNUAL REPORTS BE SUBMITTED WITH THE APRIL & OCTOBER DMR'S WHICH ADDRESS MEASURES TAKEN TO LOCATE AND ELIMINATE SOURCES OF INFLOW AND INFILTRATION INTO THE CITY'S COLLECTION SYSTEM. THESE REPORTS ARE NOT BEING PROVIDED TO MISSOURI DEPT OF NATURAL RESOURCES.

REQUESTED ACTION: Within ten (10) days, please describe in writing any actions taken, or planned, to correct the potential violations identified above. Your response will be considered in the determination of the need for further administrative or legal action. Mail your description of corrective actions to your inspector at:

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ROCKAWAY BEACH, MO 65740

NPDES Permit Number:

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the potential NPDES permit violations noted below were found. Additional violations may be brought to
your attention following a complete review of the inspection report and other available information.

POTENTIAL NPDES PERMIT VIOLATIONS

FAILED TO MAKE A SUBMITTAL OF THE YEAR 2006 SLUDGE
REPORT AS REQUIRED BY STANDARD CONDITION, PART III,
SECTION K(2)(a). THE REPORT WAS DUE JANUARY 28, 2007.

DETERMINATION OF BIOCHEMICAL OXYGEN DEMAND (BOD), TOTAL
SUSPENDED SOLIDS (TSS), POTENTIAL HYDROGEN ION (PH), FECAL
COLIFORM (FC), TOTAL PHOSPHORUS AS P (TP) AMMONIA AS N (NH₃-N),
AND OIL AND GREASE (O&G) WERE NOT BEING PERFORMED BY
THE PLANT OPERATOR NOR BY A CONTRACT LABORATORY.

REQUESTED ACTION: Within ten (10) days, please describe in writing any actions taken, or planned, to
correct the potential violations identified above. Your response will be considered in the determination of
the need for further administrative or legal action. Mail your description of corrective actions to your
inspector at:

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(name & title)

LARRY CLINE, MAYOR

Date: SEPT 13, 2007

Larry Cline

Attachment 5